PRINTED: 05/07/200

FORM APPROVE Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING NVS649HOS 04/28/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1409 EAST LAKE MEAD BLVD NORTH VISTA HOSPITAL NORTH LAS VEGAS, NV 89030 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S 000 Initial Comments S 000 This Statement of Deficiencies was generated as the result of a state licensure complaint investigation survey initiated at your facility on April 24, 2009 and finalized on April 28, 2009. The survey was conducted using the authority of NAC 449, Hospitals, last adopted by the State Board of Health on August 04, 2004. The following complaints were investigated. Complaint #NV00018868 - Unsubstantiated Complaint #NV00019860 - Unsubstantiated Complaint #NV00020734 - Unsubstantiated Complaint #NV00019298 - Substantiated without deficiencies. Complaint #NV00021580 - Substantiated (Tag # S0153, S0295, S0300, S0311, S0322) The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following regulatory deficiencies were identified. S 153 NAC 449.332 Discharge Planning S 153 SS=D 11. The patient, members of the family of the patient and any other person involved in caring for the patient must be provided with such information as is necessary to prepare them for the post-hospital care of the patient.

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Douglas LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY
COMPLETED

NVS649HOS

A. BUILDING B. WING

04/28/2009

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

NORTH VISTA HOSPITAL

1409 EAST LAKE MEAD BLVD NORTH LAS VEGAS, NV 89030

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETE DATE

S 153 Continued From page 1

This Regulation is not met as evidenced by: Based on interview, record review and document review the facility failed to ensure family members involved in the patients care were notified the patients discharge/transfer to a rehabilitation center was canceled. (Patient #5)

Findings include:

The Physician's History and Physical dated 12/02/08 indicated Patient #5 was a 77 year old male who became increasingly aggressive towards his wife at home. The patient had thought disorganization and confusion coincident to delusions and paranoid ideations. There was also some physical aggression by the patient toward his wife. The patient was admitted to the Gero Psych unit for further evaluation and treatment. The patients diagnoses included organic delusional disorder, organic affective disorder, diabetes and bipolar disorder.

A family member indicated on 12/13/08, the facility called and notified the family member that the patient was being transferred to a rehabilitation center in the evening. The family member reported she went to the rehabilitation center and discovered the patient was not there. The family member went to the facility and discovered the patient had been transferred to a medical unit and placed in isolation due to an infected right leg. The family member reported the nursing staff and case manager did not notify her of the canceled transfer of Patient #5.

On 04/28/09 at 11:00 AM, the Chief Nurse acknowledged the facility and case manager should have notified the family that the patients transfer to the rehabilitation center was canceled due to a medical complication.

S 153

Complaint #21580 Tag S153

A.) Corrective action for affected patient

Patient #5 was discharged from the Geropsych Unit on 12/13/2008; therefore the deficiency identified for this patient can not be rectified at this time.

B.) Identification of others potentially affected by deficient practice

All patients discharged and/or transferred from the Geropsych Unit have the potential to be affected by this process. The Geropsych Unit will ensure consistent implementation of the Discharge Instruction policy to ensure that patients and/or family members are notified, as appropriate, about changes in the discharge plan. The Transfer of Patients to Other Units policy will be reviewed and revised to clarify that patients and/or family members will be notified when transferred from the Geropsych Unit to an acute care unit within North Vista Hospital.

6/1/09

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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PRINTED: 05/07/20 Bureau of Health Care Quality & Compliance FORM APPROV STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED A. BUILDING B. WING NVS649HOS NAME OF PROVIDER OR SUPPLIER 04/28/2009 STREET ADDRESS, CITY, STATE, ZIP CODE 1409 EAST LAKE MEAD BLVD NORTH VISTA HOSPITAL NORTH LAS VEGAS, NV 89030 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX ID PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 153 Continued From page 2 S 153 A Physician Order dated 12/12/08 at 9:47 AM, Complaint #21580 included an order to transfer the patient to rehab Tag S153 - Continued if cleared by psychiatry and a case management consult for placement. C.) Measures put in place to ensure A review of the medical records indicated the deficient practice does not occur patient developed an infection in his right leg and The SBAR Report form utilized by the and was diagnosed with sepsis on 12/13/08. 6/1/09 hursing staff to give report to other units, within North Vista Hospital, will be A Physicians Order dated 12/13/08 indicated the patients transfer to a rehabilitation unit was modified to include documentation of canceled and the patient was transferred to a family notification of a patient's transfer medical surgical floor at the facility. A wound care to an acute care bed. The Geropsych consult for right lower leg was ordered by the Unit Director has implemented a physician, GeroPysch Charge Nurse Responsibility Check List, which includes a review of There was no documented evidence in the discharge instructions given by the nurse medical record that indicated the family was to the patient, to ensure completeness. called and notified by nursing staff or case management that the patients transfer to a rehabilitation center was canceled. The staff will be in-serviced on the June and The facility Discharge Instruction Policy last appropriate steps to take when there is a July 2009 revised 04/08, included the following: change in the patient's condition, treatment plan, and/or discharge plan. Policy: This tag will be used as a case scenario in the education process. "There will be an established mechanism to ensure that each patient being discharged from the facility receives appropriate discharge instructions to facilitate his transition to home and/or other facility." Procedure: "The Discharge Plan/Instructions will be reviewed with the patient, significant other and/or responsible party to ensure their understanding of

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the instructions."

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY

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FORM APPROVE

04/28/2009

NAME OF PROVIDER OR SUPPLIER

NORTH VISTA HOSPITAL

STREET ADDRESS, CITY, STATE, ZIP CODE

1409 EAST LAKE MEAD BLVD

	NORTH	LAS VEGA	3, NV 89030	
(X4) ID PREFIX TAG		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 153	3 Continued From page 3	S 153	Complaint #21580	
	The facility Discharge Planning-General Guidelines last revised 06/08 included the following:		Tag \$153 - Continued D.) Monitoring of Corrective Actions	
	"Information from the health care team is essential to the patient and family, who will be selecting post hospital care based on these factors combined with suitability and availability of local resources."		For the next three month period (June, July, and August), the Geropsych Unit will conduct random audits to monitor compliance with documentation, related to changes in the patient's condition, treatment plan, and/or discharge plan.	June to August 2009
	"With the patients consent, basic medical, social and financial information is utilized in the referral process. Such information may contain activity of daily living goals and current function, physical therapy performance, physical status, etc. If for any reason the plan is altered or abandoned this will also be documented in the medical record."	,	E.) Individual Responsible Geropsych Unit Director	· · · · · · · · · · · · · · · · · · ·
: :	Severity: 2 Scope: 1 Complaint # 21580			
S 295 SS=D	NAC 449 361 Nursing Sonions	S 295		1 1 1
,	6. A hospital shall ensure that the nursing staff develops and keeps current a plan for nursing care for each inpatient.			
; ;	This Regulation is not met as evidenced by: Based on interview, record review and document review the facility failed to ensure the nursing staff developed and kept current a nursing care plan for a patient. (Patient #5)			
	indings include:			
ficiencies a	. The Physician's History and Physical dated			İ

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Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES - AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY COMPLETED

NVS649HOS

B. WING

04/28/2009

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

NORTH VISTA HOSPITAL

1409 EAST LAKE MEAD BLVD NORTH LAS VEGAS, NV 89030

		NORTH LAS VEGAS	6, NV 89030	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATION	ILL PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLE DATE
S 295	Continued From page 4	S 295	Complaint #21580	
	12/02/08 indicated Patient #5 was a 77 year	مه ماما	Tag S295	
l	male who became increasingly aggressive	ar Olu	1.00	
	towards his wife at home. The patient had		A.) Corrective action for affected	
l	thought disorganization and confusion coir	ncident	patient	
	to delusions and paranoid ideations. There	was	Patient #5 was discharged from the	
	also some physical aggression by the patie	ent	Geropsych Unit on 12/13/2008; therefore	<u> </u>
-	toward his wife. The patient was admitted to	to the	the deficiency identified for this patient	İ
	Gero Psych unit for further evaluation and		can not be rectified at this time.	
<u> </u>	treatment. The patients diagnoses included	d		
	organic delusional disorder, organic affecti	ve	B.) Identification of others potentially	
	disorder, diabetes and bipolar disorder.		affected by deficient practice	
	A		All patients discharged and/or transferred	İ
	A review of the nursing notes indicated the	•	from the Geropsych Unit have the	
	nurses on the Gero Psych unit identified		potential to be affected by this process.	
	an abnormality with the skin on the patients	s right	The Geronguch Unit will a	
1	leg on 12/09/08 and the patients left coccy	(The Geropsych Unit will ensure that	
	region on 12/10/08. The patients right leg		appropriate care plans are developed and	
İ	became red, swollen and a cellulitis develo The patient developed a right leg wound	ped.	implemented for each patient. All	
	described as edematous with necrotic would		patients on the Geropsych Unit will have	
	redness surrounding the area. The patient		heir skin assessed as outlined in the	
	developed a stage 2 (partial thickness skin	lone	Pressure Ulcer, Skin Care Protocol.	
	involving epidermis and or dermis, not	+		
	penetrating through dermis) decubitus cocc	nor 1	The Interdisciplinary Plan of Care policy	T 000
	ulcer. The physician progress notes and nu	reina	will be reviewed and revised to ensure	June 200
	notes revealed the physician was not notifie		he content adequately describes the	
	the nurses about the patient's right leg cellu	litis	process applicable to the Geropysch Unit.	
	and wound until 12/13/08. The patient was	hen	i i wie Geropysch Olint.	
1 '	diagnosed with sepsis and transferred to a	1	The Geropsych Unit RN will initiate an	
1	medical surgical unit.		appropriate care plan for his/her patients	
		J	on the Geropsych Unit, including goals	
(On 04/28/09 at 9:00 AM, the Chief Nurse		and interventions. The anti-relations goals	
1	reviewed Patient #5's physician progress no	ites,	and interventions. The patient's care	
ı	nursing notes and nursing care plan and	ļ	plans will address skin care, potential for	
6	acknowledged the facility nurses failed to fo	llow s	kin breakdown, nutrition, and activities	
	nospital policy and notify the physician wher	ı 1 P	f daily living, as appropriate. The	
Į t	here was a change in the patients condition	.The	deropysch Unit's care plan forms will be	
į (Chief Nurse confirmed the facility nurses fai	led to 🏮 🙏	eviewed to determine if changes need to	
Į r	notify the physician when the patients right le	ea b	e made in the content.	!
V	vound and coccyx wound were first identifie	dand		i

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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		NVS649HOS		B. WING			10010000
NAME OF	PROVIDER OR SUPPLIER	, , , , , , , , , , , , , , , , , , ,	STREET AD	DRESS, CITY	STATE, ZIP CODE		/28/2009
NORTH	VISTA HOSPITAL		1409 EAS	T LAKE MI	EAD BLVD , NV 89030		
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S 295	Continued From pa	ge 5		S 295			
	Chief Nurse acknow failed to document to breakdown and the they developed on to Chief Nurse acknow follow facility policy objectives or clinical skin breakdown on A review of the facili Integrated Treatmer 12/02/08, revealed repotential for skin breakdown or coccyx region. There goals, objectives or care plan for skin brown the facility Pressure last renewed 02/09,	e Ulcer, Skin Care Princluded under Proc fessional will develop r treat compromised of care will include but care physician of the in wound care orders with the facility skin car	dated a ulcers or g or ation of on the otocol edures: a plan skin at is not eskin s.		Complaint #21580 Tag S295 - Continued C.) Measures put in place to ensideficient practice does not occur The Geropsych Unit Director has implemented a GeroPysch Charge Responsibility Check List, which is a review of documentation by the staff, including pictures taken of pulcers/skin break down. The staff will be in-serviced on the appropriate implementation of care and skin care assessments. This table used as a case scenario in the education process. D.) Monitoring of Corrective Act For the next three month period (July, and August), the Geropsych Livil conduct random audits to monompliance with documentation, reconcept plans and skin care assessments.	e Nurse ncludes nursing ressure e plans g will tions une, Juit itor elated	June and July 2009 June to August 2009
	2. A Nutritional Asse and filled out by a re- indicated the recomm	gistered dietician	ļ		E.) Individual Responsible Geropsych Unit Director		

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(certified nursing assistant) provide assistance to the patient with meals and encourage PO (by

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mouth) intake.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIE	MBER:	(X3) DATE SURVEY COMPLETED
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	NVS649HOS	B. WING	04/00/0000
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS CITY STATE TIP CORE	04/28/2009

NORTH VISTA HOSPITAL

REET ADDRESS, CITY, STATE, ZIP CODE

1409 EAST LAKE MEAD BLVD

NORTH VISTA HOSPITAL		NORTH LAS VEGAS, NV 89030			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUI REGULATORY OR LSC IDENTIFYING INFORMATION	ILL F	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 295	Continued From page 6	S	295		
	The facility's Multidisciplinary Integrated Treatment Plan for Patient #5 dated 12/02/indicated under Problem #2, appetite disturbance. There were no goals, objectiv clinical interventions documented on the panursing care plan for appetite disturbance.	es or atients		·	
	The Activities of Daily Living Flow Sheet for 12/05/08, revealed no documentation of percentage of food the patient consumed for lunch or dinner. The flow sheet for 12/07/07 revealed no percentage of food consumed dinner.	or 8	77.7		
	On 04/28/09 at 9:00 AM, the Chief Nurse acknowledged the nurses did not follow the facility policy and document the goals, objeor clinical interventions for appetite disturbation Patient #5's nursing care plan.	ctives			
	Severity: 2 Scope: 1				
	Complaint # 21580	:			
S 300 SS=D	Each patient must receive, and the hospi	ital	800		
	shall provide or arrange for, individualized of treatment and rehabilitation based on the assessment of the patient that is appropriat the needs of the patient and the severity of disease, condition, impairment or disability which the patient is suffering.	te to			
	This Regulation is not met as evidenced by Based on interview, record review and docu review the facility failed to ensure a patient received the appropriate individualized care,	ıment			

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Bureau of Health Care Quality & Compliance

STATEMENT	OF	DEFICIENCIES
AND PLAN OF	F C	ORRECTION

(X1) PROVIDER/SUPPLIER/CLIA **IDENTIFICATION NUMBER:**

(X2) MULTIPLE CONSTRUCTION	
A. BUILDING	

(X3) DATE SURVEY COMPLETED

NVS649HOS

B. WING

04/28/2009

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

NORTH VISTA HOSPITAL

1409 EAST LAKE MEAD BLVD NORTH LAS VEGAS, NV 89030

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 300	Continued From page 7	S 300	Complaint #21580 Tag S300	
	treatment and rehabilitation based on the			

Findings include:

(Patient #5)

assessment of the patient.

1. The Physician's History and Physical dated 12/02/08, indicated Patient #5 was a 77 year old male who became increasingly aggressive towards his wife at home. The patient had thought disorganization and confusion coincident to delusions and paranoid ideations. There was also some physical aggression by the patient toward his wife. The patient was admitted to the Gero Psych unit for further evaluation and treatment. The patients diagnosis included organic delusional disorder, organic affective disorder, diabetes and bipolar disorder.

A review of the nursing notes indicated the nurses on the Gero Psych unit identified an abnormality with the skin on the patients right leg on 12/09/08 and the patients left coccyx region on 12/10/08. The patient's right leg became red, swollen and a cellulitis developed. The patient developed a right leg wound described as edematous with necrotic wound and redness surrounding the area. The patient developed a stage 2 (partial thickness skin loss involving epidermis and or dermis, not penetrating through dermis) decubitus coccyx ulcer. The physician progress notes and nursing notes revealed the physician was not notified by the nurses about the patients right leg cellulitis and wound until 12/13/08. The patient was then diagnosed with sepsis and transferred to a medical surgical unit.

On 04/28/09 at 9:00 AM, the Chief Nurse reviewed Patient #5's physician progress notes,

A.) Corrective action for affected patient

Patient #5 was discharged from the Geropsych Unit on 12/13/2008; therefore the deficiency identified for this patient can not be rectified at this time.

B.) Identification of others potentially affected by deficient practice

All patients discharged and/or transferred from the Geropsych Unit have the potential to be affected by this process. The Geropsych Unit will ensure that appropriate care is individualized and that the patient's physician will be notified of changes in the patient's condition. All patients on the Geropsych Unit will have an appropriate Treatment plan implemented that addresses skin care, as appropriate.

The Interdisciplinary Plan of Care policy will be reviewed and revised to ensure the content adequately describes the process applicable to the Geropysch Unit.

The Geropsych Unit RN will initiate an appropriate care plan for his/her patients on the Geropsych Unit, including goals and interventions. The patient's care plans will address skin care, potential for skin breakdown, nutrition, and activities of daily living, as appropriate.

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies. STATE FORM

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS649HOS 04/28/2009

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

NORTH VISTA HOSPITAL

1409 EAST LAKE MEAD BLVD

	NORTH VISTA HOSPITAL 1409 EAS		LAS VEGAS, NV 89030			
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nursing acknow hospital there we Chief Notify the wound when be Chief Notify they de Chief Notify skin breakded they de Chief Notify skin breakded they de Chief Notify skin breakded they de Chief Notify skin breakded they de Chief Notify skin breakded to cocyx goals, of care plate the corresponding to the care integrity limited the communication of the care integrity limited the communication of the care integrity limited the communication of the care integrity limited the communication of the care integrity limited the communication of the care integrity limited the communication of the care integrity limited the communication of the care integrity limited the communication of the care integrity limited the communication of the care integrity limited the care integr	g notes and nursing care plan and viedged the facility nurses failed all policy and notify the physician was a change in the patients confurse confirmed the facility nurse he physician when the patient's mand coccyx wound were first ide to the wounds intensified in severil flurse acknowledged the facility report and the patient's potential own and the patients skin wound veloped on the nursing care plantage acknowledged the nurses of acility policy and document the gres or clinical interventions for the patient policy and document the gres or clinical interventions for the facility's Multidisciplinary and for skin breakdown or any skin and for skin breakdown or any skin begion. There was no document objectives or clinical interventions and for skin breakdown. It is pressure Ulcer, Skin Care Present Joy, included under Produced to prevent Jor treat compromised to prevent Jor tre	to follow when dition. The es failed to right leg entified and ey. The nurses al for skin ds once in. The did not goals, the patients in. I to dated far a ulcers or eg or ation of s on the eskin extra part of the colored are the skin entities are team are team.		Complaint #21580 Tag S300 - Continued The Geropysch Unit's care plan forms will be reviewed to determine if changes need to be made in the content. C.) Measures put in place to ensure deficient practice does not occur The Geropsych Unit Director has implemented a GeroPysch Charge Nurse Responsibility Check List, which includes a review of documentation by he nursing staff, including pictures taken of wounds. The staff will be in serviced on the appropriate implementation of care plans and skin care assessments. This tag will be used as a case scenario in the education process. D.) Monitoring of Corrective Actions for the next three month period (June, ally, and August), the Geropsych Unit will conduct random audits to monitor compliance with documentation, related to care plans and skin care assessment. D.) Individual Responsible deropsych Unit Director	June and July 2009 June to August 2009	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies. STATE FORM D2YY11

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04/28/2009

Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING NVS649HOS

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

NORTH VISTA HOSPITAL

1409 EAST LAKE MEAD BLVD

MAIN D SUMMARY STATEMENT OF DEFICINCIES PREFIX (EACH DEFICINCY MUST BE PRECIDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE TAG PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE TAG PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE TAG PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE TAG PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE TAG PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE TAG PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE TAG PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE TAG PROVIDERS PLAN OF CORRECTIVE ACTION OF TAG PROVIDERS PLAN OF TAG PROVIDERS PLAN OF TAG PROVIDERS PLAN	NORTH VISTA HOSPITAL		NORTH LAS VEGAS, NV 89030					
2. A Nutritional Assessment Form dated 12/03/08 and filled out by a registered dietician indicated the recommendation included a CNA (certified nursing assistant) provide assistance to the patient with meals and encourage PO (by mouth) intake. The facility's Multidisciplinary Integrated Treatment Plan for Patient #5 dated 12/02/08, indicated under Problem #2, appetitle disturbance. There were no goals, objectives or clinical interventions documented on the patients nursing care plan for appetite disturbance. The Activities of Daily Living Flow Sheet for 12/05/08, revealed no documentation of percentage of food the patient consumed for lunch or dinner. The flow sheet for 12/07/08, revealed no percentage of food consumed for dinner. On 04/28/09 at 9:00 AM, the The Chief Nurse acknowledged the nurses did not follow facility policy and document the goals, objectives or clinical interventions for appetite disturbance on Patient #5's nursing care plan. Severity: 2 Scope: 1 Complaint # 21580 S 311 NAC 449.3624 Assessment of Patients 2. Each patient must be reassessed according to hospital policy: (a) When there is a significant change in his	PREFIX	LACH DEFICIENCY MUST BE PRECEDED BY I	E1 (1)	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE		
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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies. STATE FORM

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Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING NVS649HOS 04/28/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE NORTH VISTA HOSPITAL 1409 EAST LAKE MEAD BLVD NORTH LAS VEGAS, NV 89030 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 311 Continued From page 10 S 311 This Regulation is not met as evidenced by: Complaint #21580 Based on interview, record review and document Tag S311 review the facility failed to follow its policies and procedures and notify a physician when there A.) Corrective action for affected was a significant change in a patients condition. (Patient #5) Patient #5 was discharged from the Findings include: facility on 12/13/2008; therefore the deficiency identified for this patient can The Physician's History and Physical dated not be rectified at this time. 12/02/08 indicated Patient #5 was a 77 year old

male who became increasingly aggressive towards his wife at home. The patient had thought disorganization and confusion coincident to delusions and paranoid ideations. There was also some physical aggression by the patient toward his wife. The patient was admitted to the Gero Psych unit for further evaluation and treatment. The patients diagnosis included organic delusional disorder, organic affective disorder, diabetes and bipolar disorder.

A review of the nursing notes indicated the nurses on the Gero Psych unit identified an abnormality with the skin on the patients right leg on 12/09/08 and the patients left coccyx region on 12/10/08. The patients right leg became red, swollen and a cellulitis developed. The patient developed a right leg wound described as edematous with necrotic wound and redness surrounding the area. The patient developed a stage 2 (partial thickness skin loss involving epidermis and or dermis, not penetrating through dermis) decubitus coccyx ulcer. The physician progress notes and nursing notes revealed the physician was not notified by the nurses about the patients right leg cellulitis and wound until 12/13/08. The patient was then diagnosed with sepsis and transferred to a medical surgical unit.

B.) Identification of others potentially affected by deficient practice

All patients discharged and/or transferred from the Geropsych Unit have the potential to be affected by this process. The Geropsych Unit will ensure that physicians are appropriately notified when there is a significant change in the patient's condition.

The Communication Hand-Off policy has been reviewed and no changes were identified.

The Geropysch Units SBAR communication tool will be reviewed to determine if changes need to be made in the content, related to notifying the physician of significant patient condition changes.

5/19/09

June 2009

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S 311	Continued From pa	ge 11		S 311			
	reviewed Patient #5 nursing notes and n acknowledged the fa hospital policy and r there was a change Chief Nurse confirm notify the physician wound and coccyx v when both wounds i Chief Nurse acknow failed to document to breakdown and the they developed on the	ursing care plan and acility nurses failed to notify the physician with in the patients conditioned the facility nurses when the patients rigwound were first identified in severity dedged the facility nune patients potential patients skin wounds ne nursing care plan.	o follow then tion. The s failed to the leg tified and . The trses for skin		Complaint #21580 Tag S311 - Continued C.) Measures put in place to endeficient practice does not occurred from the staff will be in-serviced on appropriate process for notifying physician when there is a significant in a patient's condition. will be used as a case scenario in education process.	tr he the cant This tag	June and July 2009
	12/02/08, revealed in potential for skin bre wounds identified on coccyx region. There goals, objectives or care plan for skin bre The facility Pressure last renewed 02/09, i "8. The licensed prof of care to prevent /or integrity. Such plan olimited to:	at Plan for Patient #5 to documentation of akdown or any skin of the patients right legal was no documentate by the patient of the patients of	Plan for Patient #5 dated documentation of a down or any skin ulcers or e patients right leg or as no documentation of lical interventions on the		D.) Monitoring of Corrective As For the next three month period (July, and August), the Geropsych will conduct random audits to monopoliance with documentation, to the Treatment Plan, care plans are assessment. E.) Individual Responsible Geropsych Unit Director	June, Unit Onitor related	June to August 2009
	breakdown and obtain the communicating wise regar wound."	n wound care orders th the facility skin ca	re team				

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Severity: 2 Scope: 1

Bureau of Health Care Quality & Compliance

STATEMENT	OF	DEFICIENCIES
AND PLAN OF	= ~	DECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X3) DATE SURVEY COMPLETED

NVS649HOS

A. BUILDING B. WING_

04/28/2009

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

NORTH VISTA HOSPITAL

1409 EAST LAKE MEAD BLVD

NORTH VISTA HOSPITAL 1409 EANORTH		NORTH LAS	LAS VEGAS, NV 89030		
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S 311	Continued From page 12	S	311		
	Complaint # 21580			Complaint #21580 Tag S322	
S 322 SS=D	NAC 449.3628 Protection of Patients 2. The governing body shall develop and out policies and procedures that prevent prohibit neglect and misappropriation of personal property of a patient.	d carry and	3 322	A.) Corrective action for affected patient Patient #5 was discharged from the facility on 12/13/2008; therefore the deficiency identified for this patient can not be rectified at this time.	
	This Regulation is not met as evidenced Based on record review and document refacility failed to carry out policies and proto prevent neglect of the personal proper patient. (Patient #5) Findings include: Patient #5 was admitted to the hospital of 12/2/08. A family member indicated when Patient admitted to the hospital he had upper and dentures in his mouth. The family member informed by the nurses the patient was needing. The family member reported on the occasions while visiting the patient she for patient restrained in a restraint chair and tray left for him. The patient could not read tray to feed himself. The family member is when she started to feed the patient she discovered his lower denture plate was made to the facility who informed her the plower denture plate had been lost.	#5 was d lower er was ot wo bund the his food ich the ndicated denture batients		B.) Identification of others potentially affected by deficient practice All patients discharged and/or transferred from the Geropsych Unit have the potential to be affected by this process. The Geropsych Unit will ensure that the patient's belongings are documented appropriately on the Patient Clothes and Valuables List form. The Valuables and Belongings policy has been reviewed and no changes were identified at this time. The Geropsych Unit RN will initiate a Patient Clothes and Valuables List for his/her patients on the Geropsych Unit. The patient and/or family will be asked if he/she has upper and/or lower dentures.	5/19/09
	The Patient Valuable and Belongings For the Gero Psych unit dated 12/02/08, docu	m from mented			

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FORM APPROVE Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA. (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING NVS649HOS 04/28/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE NORTH VISTA HOSPITAL 1409 EAST LAKE MEAD BLVD NORTH LAS VEGAS, NV 89030 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION in (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5)**PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 322 Continued From page 13 S 322 under dentures/partial/upper/lower no entry was Complaint #21580 Tag S322 - Continued The facility incident report dated 12/19/08 at 2:39 PM, indicated the following: "Gero Psych staff stated the patient was not brought in with C.) Measures put in place to ensure dentures, although patient had upper dentures in place. Emergency room staff contacted and no deficient practice does not occur dentures located." The Geropsych Unit Director has mplemented a GeroPysch Charge Nurse The facility Valuables and Belongings Policy last Responsibility Check List, which includes revised 10/08, documented the following: a review of documentation by the nursing staff, including patient belongings. The "All personal items including valuables will be checklist is completed each shift by the identified and accounted for on a patients cloths Charge Nurse. and valuables list by nursing personnel. Eye glasses, hearing aids, dentures are usually considered to be patient's belongings. If the patient was admitted from the emergency The staff will be in-serviced on the June and department and transferred to ICU (intensive care appropriate implementation of July 2009 unit), T2, or T3, the receiving nurse will verify the completing an accurate patient patients belongings/valuables and sign off on the belongings list. This tag will be used as a document validating all belongings/valuables case scenario in the education process. were accounted for upon transfer. If a patient was being admitted to or from the Gero Psych Unit, a new patient valuables and belongings form must D.) Monitoring of Corrective Actions be initiated." For the next three month period (June, June to A review of the patients belongings form July, and August), the Geropsych Unit August indicated the facility failed to accurately document will conduct random audits to monitor 2009 the patients upper and lower dentures when he compliance with documentation, related was transferred from the emergency room to the to patient belongings. Gero Psych unit.

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Severity: 2 Scope: 1

Complaint # 21580

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E.) Individual Responsible Geropsych Unit Director

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